

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010333

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 02Primary Registration District No. 4149 Registrar's No. 12-1962

FILED MAR 29 1962

1. PLACE OF DEATH

a. COUNTY Crawfordb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CubaLength of stay in 1b
1 wkc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION SENIOR CITIZENS HOMEInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Missourib. COUNTY Crawfordc. CITY
OR TOWN CubaInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Van PAYNE RESIDENCEReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First SidneyMiddle JohnsonLast Yates4. DATE
OF DEATHMonth March Day 21 Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

9-19-187685Months 6 Days 2Hours Min. 10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state of country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Wm Henry Yates

13b. MOTHER'S MAIDEN NAME

Dardwell, Ky

14. NAME OF HUSBAND OR WIFE

USA15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Mr. E. A. Payne, Cuba, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart FailureINTERVAL BETWEEN
ONSET AND DEATHminutesConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute Congestive Failure1 week

DUE TO (c)

Hypostatic pneumonia2 daysPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)CA of ProstatePART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____

and last saw her alive on _____

Death occurred at _____

_____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

3-23-6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE REQD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Paul A. Shambaugh

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul A. Shanahan

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.